

GA 372c **PATENT**

ractitioner's Docket N . 33507

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re-application of: Segal, Vladimir; Willett, William B.; and Ferrasse, Stephane

Application No.: 09/465,492

Group No.: 3725 1 7 L

Filed: 12/16/1999

Examiner: Unknown

For: High-Strength Sputtering Targets and Method of Making Same

Assistant Commissioner for Patents Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 136_applyr Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

FACSIMILE

X deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

transmitted by facsimile to the Patents

Signature

Rebecca Joyce

(type or print name of person certifying)

(Amendment Transmittal—page 1 of 2)

June 1, 2000 Date:

JUN 0 5 2000

TECHNOL





4. The fee for claim CFC.F.R. 1.16(b)-(d)) has been calculated as shown below:

		(Col.1)	(Col. 2) (Col. 3)		OTHER THAN A SMALL ENTITY		REC SEP		
	Claims Remainin After Amendme	_	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		5 2000 MAIL RUGH	≪
Total	56	Minus	48	= 8	x \$18 =	\$144		OLO	SEP PEO
Indep.	9	Minus	5	= 4	x \$78 =	\$312		13 A	I EN
First Presentation of Multiple Dependent Claim					+ \$260 =	\$0		NTE	ED
					Total Addit. Fee	\$ <u>456</u>		3700	

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$456.00

FEE PAYMENT

5. Attached is a check in the sum of \$456.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 23-0925. If any additional fee for claims is required, charge Account No. 23-0925.

Dated: <u>June 1, 2000</u>

Reg. No. 38,533

Tel. No.: (509) 624-4276 Customer No.: 021567 SIGNATURE OF PRACTITIONER

David G. Latwesen, Ph.D. 601 W. First Ave., Suite 1300

Spokane, WA 99201-3828

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(Amendment Transmittal—page 2 of 2)

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